Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

VIH-00206565 IP-00060623
Baby B/O LIKHITHA MANDA
04-07-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

ACTIVITY RECORD FOR BILLING

Name: ----------

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : Pediatrics

Date of Admission : 8/7/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/7/26	5:05 PM	BR	217	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
9/[illegible]/26	SBR, TFT	26022934	[signature]
←	Cross Checked done by	[signature]	09/08/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
	Dspt	8/7/26 @5:48pm	9/7/26 @ 3:30pm	3099089	Rep.
8/7/26	Dspt				
	Date :- 8/7/26 Time :- 5:48 pm Sign + Name				
	Cross checked done by Rep.				9/7/26

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : 09/08/26 Time : 15:38 pm Prepared By : 09/08/26 @ 15:39

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis. Vaidya	Sis. Roy		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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04-07-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

Patient Name :

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	2	✓	✓	
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	1	✓	✓	
5	In-patient Medical Record	3	✓	✓	
6	Doctors Progress Sheets	2	✓	✓	
7	Nurses Progress notes	2	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	2	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
27	Drug Chart (Regular prescription)	2	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Braden 'Q'	1	✓	✓	
	Thrombophlebitis	1	✓	✓	
	Humpty Dumpty	1	✓	✓	
	others	6	✓	✓	
	Total No. of Pages				

Dupika 9/7/26 @ 12Am
Signature and Date :

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060623 **Admit Date** : 08-Jul-2026 **Admit Time** : 04:15 PM **UHID** : VIH-00206565

Patient Details :

Patient Name	: Baby B/O LIKHITHA MANDA	**Age**	: 0 Y 0 M 4 D
Guardian	: Mr SRINIVAS MENDE	**DOB**	: 04-07-2026 11:33 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: SRIRAM NAGAR COLONY, JEEDIMETLA, SURARAM, HYDERABAD Jeedimetla Hyderabad Telangana INDIA 500055	**Phone No**	: 8500606119/ 9985127433
		E-mail	: na@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 104 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 104 **Admission Type** : First Visit

Contact Details :

Name : Mr SRINIVAS MENDE **Relationship** : Father

Contact Address : SRIRAM NAGAR COLONY, JEEDIMETLA, SURARAM, HYDERABAD Jeedimetla Hyderabad Telangana INDIA 500055 **Phone No** : 8500606119

Signature

Doctor Details :

Doctor Name : Dr. SIVA NARAYANA REDDY VENNAPUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : DR.KOPPULA SIRISHA REDDY **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

Patient Name : B/O. B/O LIKHITHA MANDA UHID : VIH-00206565 IPD : IP-00060623 Gender : Male Age : 0 Y 0 M 4 D

VIH-00206565 IP-00060623
Baby B/O LIKHITHA MANDA
04-07-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 8/7/26 Time of arrival : 4:06 PM

Chief Complaints: c/o Yellowish discolouration of skin & eyes RBS: -

Height : — Weight : 2.85 kg BMI : — Head Circumference (<2 years) —

Allergies: ☑ Yes ☐ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes , identify

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☑ N Pass ☐ FLACC ☐ Wong Baker

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

☑ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With Family

Siblings in household ☐ Yes ☐ No (if yes How Many?) —

Time of Initial assessment completed by ER Nurse : 4:10 PM

Patient Name : B/O. B/O LIKHITHA MANDA UHID : VIH-00206565 IPD : IP-00060623 Gender : Male Age : 0 Y 0 M 4 D

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
4:00pm	* patient came to ER
4:20pm	* Vitals checked & Recd
4:40pm	* Dr. Vishwaja Seen the patient and advised admission
	* Admission process done
	R SBR ⇒ 19.5
5:05pm	* patient shifted to ward

Samples collected by: — Time: —

Samples sent by : — Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
	Nil				

Condition of patient at time of shift - out :	Details of Shift - out
HR: 140 blm BP: crying CFT: <2sec	Shift - out from ER to: 217
RR: 28 blm SPO_2 : 99%	Time of Shift - out: @ 5:05pm
GCS: 15/15 Temperature : 98.8°F	Handover given to: Sg.
Pain Score: —	(Nurse's Name) by Architha
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): —

Name of the Nurse : Architha Signature of the Nurse :

Date & Time : 8/7/12 @ 5:05pm

PATIENT TRANSFER FORM

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04-07-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
	8/7/26 @ 4:15 PM	8/7/26 @ 5:05 PM
	Transfer Ordered by: Dr. Vishwanja.	Reason for Transfer: Admission
From Unit: ER	To Unit: 217	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: (21)	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over: OPD File given.

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Swagatika	Dr. Vishwanja.

Patient & Clinical Records Received by : Padma

Date & Time of Patient Received : 8/7/26 @ 5:10pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00206565 IP-00060623
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04-07-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00206565 IP-00060623
Baby B/O LIKHITHA MANDA
04-07-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Name : B/o likhitha Age/Sex 4d/male

Information given by: mother. Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o Yellowish discolouration of skin & eyes.

History of present illness :

c/o yellowish discolouration of skin & eyes.

SBR — 19.5 $\begin{matrix} 0.2 \\ \top \\ 19.3 \end{matrix}$

M - O+ve

B - O+ve.

Antenatal Scan (TIFFA)
Small middle echogenic bowel (+).

Mother - H/O thyrotoxicosis (+).

USG Abdomen
to be done on flup.

VIH-00206565 IP-00060623
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Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment)

Non significant

Birth & Neonatal History:

38+4wks / BOG / FILSES (previous) / 3.043 kg

G2P1L1

Birth & Socio Economic History:

About Father : Class IV

About Mother :

Any additional Information :

Developmental History :

Immunization History :

BCG / OPV / HepB - 5/7/26.

(P.T.O.)

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Baby B/O LIKHITHA MANDA
04-07-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____(Centile _____) Height (cms):_____(Centile)_____)

Weight (kgs)) 2.85kg (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 140/min B.P. Crying SPO2 99%

Resp.rate and type of breathing : 80/min

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): (-)

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BLEAE (+)

Any addes sounds : ND

Relevant data from outside (Chest X-Ray, ABG,etc.,)

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2

Any murmur : ND

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) :

Per Abdomen :

Inspection (N)

Palpation : Soft (+)

Ausculation : BS (+)

Spine : (N) External Genitelia :

Relevant data from outside (CT, USG etc.,)

VIH-00206565 IP-00060623
Baby B/O LIKHITHA MANDA
04-07-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Awake

Cranial Nerves :

Motor System:

Nutriton :

Tone: N Power 4/5 all limbs

Co-ordinator :

Posture :

Involuntary Movements : Nil

Reflexes : ↑

DTR ↑↑ **Superficials:**

Plantars Extensor

Sensory System :

Bladder / Bowel : Normal.

Clinical Summary & Diagnostic:

NNHB

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Planned Management

1) DSPT
2) DBF d/by Bumping O2 sat
3) Repeat ABG 11 am 5pm.

Noted by Dr Lalitha
8/6/26 @ 4:20 PM

Signature of the Doctor: G.K

Name of the Doctor: Dr Nithya

Date & Time: 8/7/26.

Signature of the Consultant: Dr Sheeja

Name of the Consultant: 8/7/26

Date & Time: 6pm

VIH-00206565 IP-00060623
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04-07-2026 0 Y 0 M 4 D (M)
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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8-7-26 / 5:00 PM	S/B Registrar	
	Neonatal Hyperbilirubinemia	
	On DSPT	
	O/E baby warm	
	cry, tone, activity } (N)	
	CNS - S1S2 (+)	Plan
	RS - BAE (+), clear	→ SBR, TFT T/m 2.00PM
	P/A - soft	→ DAM + FF
		→ NBS basic
HBG, BBG } D+4P.		USG abdomen T/m
		HOLD { (i/v/o echogenic bowel) in antenatal scan
	Sameera (Dr. Sameera)	
	Counselled mother, both about NBS basic but they refused & wanted to do later after getting discharged	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9.7.26 9.00am	S/B Registrar Neonatal Hyperbilirubinemia On DSPT O/E baby warm. cry. tone } (N) activity } H/L - NAD P/A - soft	Plan → SBR, TFT at 2.00PM → DBM → USG abdomen on follow up
	Y.wt: 2.85 kg T.wt: 2.80 kg HBG } O+ve BBG }	
	Sameera (Dr. Sameera)	
	9/7/26 10am	

Docu. No. : RCH /FRM / CLINICAL / 088

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: NNHB.

Any Infection: ☐ Yes ☐ No ☐ ~~Not~~ Known
If Yes Specify: —

Surgery / Procedure: —

Post OP Day:

BACKGROUND

Date / Shift	8/7/26 Evening	8/7/26 E	8/7/26 N	9/7/26 M	9/9/26 A	
Medical Condition (Any special condition to be noted):	Yellowish discoloration	Nill	Nill	Nil	Nil	
Diet:	DBF	DBF	DBF	DBF	DBF	

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Vital Signs: Temp:	97.3°F	98.3°F	98.3°F	97-9°F	98.8°F	
Res:	27 b/m	29 b/m	29 b/m	31 b/m		
SpO_2:	98%	99%	99%	99%		
Pulse:	148 b/m	150 b/m	142 b/m	140 b/m		
BP:	Crying	—	—	Nil		
LOC:		conscious	conscious	conscious		
Fall Risk Score:	—		—	Nil		
Pain Score:	'0'	0	'0'	0		
Skin Integrity	Intact	Intact	Intact	Intact		

Recommendations

Safety Needs:	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	—	Nill	Nil	Nil		
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	DBF	DBF	DBF	DBF		
Critical Lab Test / Values:	—	Nill	Nill	Nil		
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	Dependent	dependent	dependent	dependent		

Post Operative Procedure Special Orders:	—		—	-		
Handed Over By Name :	Archita	padma	Dupika	Bhanu		
Signature / ID :	A/C020612	606329	607469	17887		
Date:	8/7/26	8/7/26	9/7/26	9/7/26		
Time:	@5:05 pm	@8pm	@8am	4pm		
Taken Over By Name :	padma	Dupika	Bhanu			
Signature / ID :	606329	607469	17887			
Date:	8/7/26	8/7/26	9/07/26			
Time:	@8pm	@8pm	8Am			

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 8/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	4pm	* maintain fluid Balance.	7pm	* maintained the fluid Balanced. Nutritiond status.	* Prevent to the dehydrition	* Re-Assesment every 2nd hourly feeding.	Padma 8/7/26 @8pm
Night		Ensure Safety Maintain Good Nutritional Status		To provide side rails To give feeding & Burping and help	To prevent falls To prevent dehydration	Re-Assessment was done Baby is safe.	Dupika 8/7/26 @8Am

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NURSING CARE RECORD

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Date: 9/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☑ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	* maintain Personal Hygiene. * Prevent Infection.		- Provided warm and cord care. - ensure safety	- DBF 2nd hrly given.	- vitals 4th hrly checking.	Bhanu 09/07/26 4pm
Afternoon							
Night							

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O LIKHITHA MANDA**	**Age :**	**0 Y 0 M 4 D**
IP No:	**IP-00060623**	**Sex:**	**Male**
Consultant:	**Dr. SIVA NARAYANA REDDY VENNAPUSA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 104**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned ...o consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for ...surance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill ...arance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature: M. Lucha

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: M. Lucha

Name: Srinivas.

Relationship: Father

Date: 8/7/26 Time: 4:15 pm

Witness Name:

Witness Signature:

Patient Address:

SRIRAM NAGAR COLONY, JEEDIMETLA, SURARAM, HYDERABAD Jeedimetla Hyderabad Telangana INDIA 500055

VIH-00206565 IP-00060623
Baby B/O LIKHITHA MANDA
04-07-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 27/7/26 Time:	6	10	2	7
Doctor/Nurse/Family Concern?	PM	PM	AM	AM
Temperature (°F)	98.2°F	98.2°F	98.2°F	98.8°F
Heart Rate (bpm) and Blood Pressure (mmHg) *				
Heart Rate (Number)	150	140	140	130
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	36	40	40	50
Resp Distress: Mod/ Severe / None / Mild		N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99	99	99	99
Conscious Level: Normal / Altered	C	N	N	N
GCS *	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	P	D	D	D

Note: BP does not score in early warning scoring

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00206565 IP-00060623
Baby B/O LIKHITHA MANDA
04-07-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

FRM / CLINICAL / 124

(1)

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: .... Time:	9 am	1 pm
Doctor/Nurse/Family Concern?		
Temperature (°F) (scale 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94)	98.3°F	99.8°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50) **Note:** BP does not score in early warning scoring		
Heart Rate (Number)	147	141
Resp. Rate (bpm) (Over 1 Minute) * (scale 70, 60, 50, 40, 30, 20, 10)		
Resp Rate (Number)	44	41
Resp Distress — Mod/ Severe		
Resp Distress — None / Mild		
Receiving O_2 (l/min)		
O_2 Saturations (%)	98%	99%
Conscious Level — Normal		
Conscious Level — Altered		
GCS *		
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	[illegible]	[illegible]

ACTIONS NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

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Baby B/O LIKHITHA MANDA
04-07-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00206565 IP-00060623
Baby B/O LIKHITHA MANDA
04-07-2026 0Y0M4D (M)
Dr. SIVA NARAYANA REDDY

(1)

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FLUID CHART

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm		DBF									
	06:00 pm											
	07:00 pm		DBF									
Total Intake :						**Total Output :**						
8/7/26	08:00 pm		DBF									
	09:00 pm						✓			✓		
	10:00 pm		DBF									
	11:00 pm											
	12:00 am		DBF									
	01:00 am											
Total Intake :						**Total Output :**						
9/7/26	02:00 am		DBF							✓		
	03:00 am											
	04:00 am		DBF									
	05:00 am						✓					
	06:00 am		DBF							✓		
	07:00 am											
Total Intake :						**Total Output :**						

Paalma 8/7/26 @8pm

Dupiks 9/7/26 @8Am

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206565 IP-00060823
Baby B/O LIKHITHA MANDA
04-07-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

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FLUID CHART

Sheet No. : 2

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	DBF										
	09:00 am											
	10:00 am	DBF										
	11:00 am											
	12:00 pm	DBF										
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Vishwanja

Date & Time : 8/7/26 @4:10m

Nurse Name & Signature: Swaganika

Date & Time : 8/7/26 @4:10m